

UTAH DEPARTMENT OF WORKFORCE SERVICES  
**Request for Investigation of Unemployment Insurance Fraud**

**Mail to:** Benefit Payment Control, PO Box 778, Salt Lake City, UT 84110-0778  
or call: (801) 526-9452

Person receiving unemployment \_\_\_\_\_ Social Security Number (if known) \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

***This person is:***

\_\_\_\_\_ **Self-employed**  
Name of Business: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address \_\_\_\_\_  
Do they have a business license? \_\_\_\_\_ How long have they been in business? \_\_\_\_\_

\_\_\_\_\_ **Working and not reporting it**  
Name of Employer: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_  
When did he/she start working? \_\_\_\_\_ Is he/she paid in cash? \_\_\_\_\_ check? \_\_\_\_\_  
Is he/she working: full-time \_\_\_\_\_ part-time \_\_\_\_\_ If part-time, is full-time work available? \_\_\_\_\_  
What kind of work is he/she doing? \_\_\_\_\_  
Does he/she have a professional license? \_\_\_\_\_ What kind is it? \_\_\_\_\_

\_\_\_\_\_ **In jail**  
Name of jail \_\_\_\_\_ Date of incarceration \_\_\_\_\_

\_\_\_\_\_ **Hospitalized**  
Name, address & phone of hospital: \_\_\_\_\_  
\_\_\_\_\_  
Reason for hospitalization \_\_\_\_\_ Date hospitalized \_\_\_\_\_

\_\_\_\_\_ **Injured**  
Nature of injury \_\_\_\_\_ Date injured \_\_\_\_\_

\_\_\_\_\_ **Not looking for work**  
Reason \_\_\_\_\_

\_\_\_\_\_ **Out of state**  
Working \_\_\_\_ Vacation \_\_\_\_ Leaving the state \_\_\_\_ When he/she left \_\_\_\_\_ What State \_\_\_\_\_

\_\_\_\_\_ **In school**  
Where \_\_\_\_\_ Dates of attendance \_\_\_\_\_

\_\_\_\_\_ **Other**  
\_\_\_\_\_

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Please give as much additional information as possible:

Information provided by: \_\_\_\_\_ Phone \_\_\_\_\_

What is your relationship with the person receiving unemployment insurance? \_\_\_\_\_

I wish to remain anonymous Yes \_\_\_\_\_ No \_\_\_\_\_

(Note: You may remain anonymous, but it is important that the investigator is able to contact you for additional information.)